

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 673275

IA NUMBER: PCT/ US99 / 08055

FAMILY NAME: VAUDREY

GIVEN NAME: MICHAEL A.

PRIORITY CLAIMED (Y/N): Y

NO BASIC FEE (Y/N): N

ATTORNEY DOCKET NUMBER: 10551/147

CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 2022204200
FAX

NAME: KENYON & KENYON

STREET: SUITE 700
1500 K STREET NW

CITY: WASHINGTON

STATE/COUNTRY: DC ZIP: 20005

EMAIL:

APPLICATION TITLES:

USER ADJUSTABLE VOLUME CONTROL THAT ACCOMMODATES HEARING

TAB TO LAST POSITION, PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

SERIAL NUMBER 09/673,275	FILING DATE 10/13/2000 RULE -	CLASS 381	GROUP ART UNIT 2644	ATTORNEY DOCKET NO. 10551/147
-----------------------------	-------------------------------------	--------------	------------------------	-------------------------------------

APPLICANTS

Michael A. Vaudrey, Blacksburg, VA ;
 William R. Saunders, Blacksburg, VA ;
 Ronald D. Blum, Roanoke, VA ;

** CONTINUING DATA *****

THIS APPLICATION IS A 371 OF PCT/US99/08055 04/14/1999
 WHICH IS A CIP OF 09/059,303 04/14/1998
 WHICH IS A CIP OF 08/907,503 08/08/1997 ABN
 WHICH IS A CIP OF 09/059,304 04/14/1998
 WHICH IS A CIP OF 09/059,307 04/14/1998 ABN
 WHICH CLAIMS BENEFIT OF 60/109,506 11/23/1998

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE
 GRANTED ** 11/29/2000

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY VA	SHEETS DRAWING 12	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

Ronald E Prass Jr
 1500 K Street NW Suite 700
 Washington ,DC 20005

TITLE

User adjustable volume control that accommodates hearing

FILING FEE RECEIVED 475	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
----------------------------	---	---

